

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

91732506

FILING DATE

12-6-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
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47			/			
48				/		
49				/		
50				/		
TOTAL IND.	3					
TOTAL DEP.	32					
TOTAL CLAIMS	35					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
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98				/		
99						
100						
TOTAL IND.			5			
TOTAL DEP.			47			
TOTAL CLAIMS			52			